

Exhibit D



U.S. Department of Justice

*United States Attorney
Southern District of New York*

*The Silvio J. Mollo Building
One Saint Andrew's Plaza
New York, New York 10007*

July 31, 2007

BY CERTIFIED MAIL

Steven M. Statsinger, Esq.
Federal Defenders of New York Inc.
52 Duane Street, 10th floor
New York, New York 10007

Re: United States v. \$164,330.00
07 Civ. 6822

Dear Mr. Statsinger:

This letter is to advise you that on July 30, 2007, the United States commenced a civil action in the United States District Court for the Southern District of New York seeking the forfeiture of the above-referenced sum pursuant to 21 U.S.C. § 881(a)(6) as property traceable to an exchange of a controlled substance and/or property intended to be used in exchange for a controlled substance. A copy of the complaint in this action is enclosed.

Should your client wish to contest the forfeiture, he must do so by filing a claim pursuant to Rule G of the Supplemental Rules for Admiralty or Maritime claims and Asset Forfeiture Actions with the Clerk of the Court no later than thirty five (35) days of the date of this letter. In addition, within twenty (20) days after filing a claim, your client must file his answer to the complaint. This procedure must be followed regardless of any petition for the remission or mitigation of forfeiture which they may have pending, and failure to do so could result in the entry of a default judgment against the property.

Respectfully,

MICHAEL J. GARCIA
United States Attorney
Southern District of New York

By: Anna E. Arreola
ANNA E. ARREOLA
Assistant United States Attorney
Tel. No.: (212) 637-2218

Enclosure

cc: Darryl Steele (By Certified Mail)

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To	Steven M. Statsinger, Esq.
Street, Apt. No or PO Box No.	Federal Defenders of New York Inc.
City, State, ZIP	52 Duane Street, 10 th floor New York, New York 10007

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>R. McQueen</i> B. Date of Delivery <i>8/3</i></p> <p>C. Signature <i>x R. McQueen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Steven M. Statsinger, Esq. Federal Defenders of New York Inc. 52 Duane Street, 10th floor New York, New York 10007</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p>7001 0360 0003 4412 4506</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 1999 Domestic Return Receipt U.S. v. #164,330 102595-00-M-0952

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To Darryl Steele #11666055	
Federal Correctional Institution, McKean	
P.O. Box 8000	
Bradford, P.A. 16701	
PS Form 3811, January 2001 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received By (Please Print Clearly) <i>T. Steele</i> B. Date of Delivery 08-08-07</p> <p>C. Signature <i>T. Steele</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type:
Darryl Steele #11666055	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
Federal Correctional Institution, McKean	<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise
P.O. Box 8000	<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Bradford, P.A. 16701	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label)	
	7001 0360 0003 4412 4513
PS Form 3811, July 1999	Domestic Return Receipt U.S. \$1.54, 330 102595-00-M-0952



U.S. Department of Justice

*United States Attorney
Southern District of New York*

*The Silvio J. Mollo Building
One Saint Andrew's Plaza
New York, New York 10007*

August 16, 2007

BY CERTIFIED MAIL

Frank Handelman, Esq.
Three New York Plaza, 10th floor
New York, New York 10004

Re: United States v. \$164,330.00
07 Civ. 6822 (JSR)

Dear Mr. Handelman:

This letter is to advise you that on July 30, 2007, the United States commenced a civil action in the United States District Court for the Southern District of New York seeking the forfeiture of the above-referenced sum pursuant to 21 U.S.C. § 881(a)(6) as property traceable to an exchange of a controlled substance and/or property intended to be used in exchange for a controlled substance. A copy of the complaint in this action is enclosed.

Persons wishing to contest the forfeiture must do so by filing a claim pursuant to Rule G of the Supplemental Rules for Admiralty or Maritime claims and Asset Forfeiture Actions with the Clerk of the Court no later than thirty five (35) days of the date of this letter. In addition, within twenty (20) days after filing a claim, claimants must file an answer to the complaint. This procedure must be followed regardless of any petition for the remission or mitigation of forfeiture which they may have pending, and failure to do so could result in the entry of a default judgment against the property.

Respectfully,

MICHAEL J. GARCIA
United States Attorney
Southern District of New York

By: Anna E. Arreola
ANNA E. ARREOLA
Assistant United States Attorney
Tel. No.: (212) 637-2218

Enclosure

cc: Michael Robinson (By Certified Mail)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <u>TURK</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Frank Handelman, Esq. Three New York Plaza, 10 th floor New York, New York 10004		B. Received by (Printed Name) <u>TURK</u>	C. Date of Delivery <u>8/20/07</u>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7004 2510 0004 6691 2900	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To
Frank Handelman, Esq.
Three New York Plaza, 10th floor
New York, New York 10004

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

Michael Robinson #53699-054
 Buffalo Federal Detention Center
 4250 Federal Drive
 Batavia, New York 14011

Postmark Here

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature Buffalo Federal Detention Facility Agent Addressee</p>	
<p>1. Article Addressed to:</p> <p>Michael Robinson #53699-054 Buffalo Federal Detention Center 4250 Federal Drive Batavia, New York 14011</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 8-2007</p>
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7001 0360 0003 4410 9909</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540